

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039615

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 45

## 1. PLACE OF DEATH

a. COUNTY

Osage

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Crawford TwpLength of stay in 1b  
lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION at his homeInside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Osage

c. CITY  
OR  
TOWN LinnInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
R F D #1Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

William

Augustus

Carey

4. DATE  
OF  
DEATH

Month

Day

Year

Nov.

5

1962

5. SEX  
male6. COLOR OR RACE  
white7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
11/2/18869. AGE (last birthday)  
76IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
farming10b. KIND OF BUSINESS OR INDUSTRY  
farmer11. BIRTHPLACE (City and state or country)  
Linn Mo12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Henry Carey

13b. MOTHER'S MAIDEN NAME

Sarah Tiller

14. NAME OF HUSBAND OR WIFE

Dora Moore Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Wm A. Carey

Linn

Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH  
instantConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ 7:00 A \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Linn

Mo

22c. DATE SIGNED

11/7/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

23b. DATE

11/8/62

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

Linn

Mo

24. FUNERAL DIRECTOR

Clyde Morton

ADDRESS

Linn

Mo

25. DATE RECD. BY LOCAL REG.

11 - 7 - 62

26. REGISTRAR'S SIGNATURE

Mrs. Clyde Morton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

01220

01220

01220

NOV 9 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Simon M. Morton*

Licensed Embalmer No.

*4125*

P. O. Address

*Simon M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.